

## **PCA – Nursing Facility Quality Assurance Assessment Fee Determination and Monitoring**

**Purpose:** To ensure that nursing facilities are assessed the correct pass-through amount, monitor the payment of the quarterly amount.

### **Identification of Roles:**

1. Accounting Assistant – Maintains database of reported information and index information concerning daily deposits
2. Staff Accountant – Develops amount of individual nursing facility pass-through amount and reviews database information and prepares a quarterly report summarizing amounts received, amounts paid and monitors delinquencies
3. Manager – Reviews pass-through amounts and quarterly report

### **Performance Standards:**

No performance standard in the RFP.

### **Path of Business Procedure:**

- Step 1: Calculate each nursing facility's per diem quality assurance assessment fee amount.
- a. Each July 1<sup>st</sup> a determination will be made for each nursing facility as to the amount of the quality assurance assessment fee per patient day.
  - b. The assessment fee is \$5.26 per patient day except if a nursing facility meets one of the conditions below the assessment fee is \$1.00 per patient day:
    - Has 50 or fewer licensed beds
    - Designated as a Continuing Care Retirement Centers (CCRC)
    - Has annual Iowa Medicaid patient days of 26,500 or more
  - c. The most recent submitted cost report will be reviewed for amount of Medicaid days the facility reports and the number of licensed beds the facility reports and compared to information from the

Medicaid Management Information System (MMIS) and Department of Inspections and Appeals (DIA) certification and transmittals. A report will also be requested from the Iowa Insurance Division to obtain which facilities are certified as a Continuing Care Retirement Center (CCRC).

**Step 2: Monitor receipt of payments**

- a. Nursing facility submits Form 470-4836 to lock box along with payment within 30 days after the end of the calendar quarter.
- b. Bank empties lock box daily, deposits checks and scans checks and Form 470-4836 and envelopes.
- c. Review bank website daily to determine if deposits have been made and download form and import into Onbase.
- d. Once Check is imported into OnBase, log check keywords in OnBase.
- e. Key Form 470-4836 data into the "Quality Assurance Assessment Fee" database in Access.
- f. 30 days after the end of each calendar quarter request from the data warehouse Medicaid claim data to verify the number of Medicaid days reported by each facility on Form 470-4836 and resolve differences.
- g. Within 45 days after the end of each calendar quarter generate report from the database to identify any delinquent or omitted submissions. Delinquent and omitted submissions are subject to penalties and withholding of claims. Mail letter to nursing facility notifying them of penalty and claims offset.

**Forms/Reports:**

1. Form 470-0030 Financial and Statistical Report
2. Iowa Insurance Division Report
3. Department of Inspections and Appeals Certification and Transmittal
4. Form 470-4836 Quality Assurance Assessment Calculation Worksheet
5. Check – provided by Nursing Facility
6. Data Warehouse Report
7. Wells Fargo Transaction Transmittal
8. Quarterly Delinquent and Omitted Report
9. Quarterly reconciliation

**RFP References:**

No RFP Section

**Interfaces:**

Department of Inspections and Appeals  
Wells Fargo  
Iowa Insurance Division

**Attachments:**

Form 470-4836 –

[http://www.ime.state.ia.us/docs/921\\_Att\\_ProviderTaxCollectionForm470-4836.xls](http://www.ime.state.ia.us/docs/921_Att_ProviderTaxCollectionForm470-4836.xls)